

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 Primary Registration District No. 1003 Registrar's No. 3041 = 61-011705 STATE FILE NUMBER

Registration District No. 318
 FILED APR 14 1961

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Length of stay in 1b 18 MONTHS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF HOSPITAL OR INSTITUTION 5021 VERMONT				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5021 VERMONT	
3. NAME OF DECEASED (Type or print) First Middle Last DOLORES C. UELENTRUP				4. DATE OF DEATH Month Day Year MARCH 29, 1961			
5. SEX FEMALE		6. COLOR OR RACE CAUCASIAN		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/5/1915	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		9. AGE (last birthday) 46	
13a. FATHER'S NAME ANDREW WODRASKA				13b. MOTHER'S MAIDEN NAME ELEANOR KNEBEL		12. CITIZEN OF WHAT COUNTRY USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		14. NAME OF HUSBAND OR WIFE FRANK J. UELENTRUP	
17. INFORMANT FRANK J. UELENTRUP				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Damage, Arterio-Sclerotic</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>General Arterio-Sclerosis</i> DUE TO (c) <i>leg amputation - General Arterio</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i> <i>3 yrs.</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. 4221 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4221			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>July 3rd 1957</i> to <i>March 28</i> and last saw her alive on <i>3-28-61</i> Death occurred at <i>12:30 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <i>Dolores C. Uelentrup M.W.</i>				22b. ADDRESS <i>2603 Cherokee</i>		22c. DATE SIGNED <i>3-28-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4/3/1961		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI				25. DATE RECD. BY LOCAL REG. MAR 31 1961		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eric C. Dranson

Licensed Embalmer No. 4764

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.